

Name in Full

Certificate of Death

Levi's Adams

3^d district

Died at

Town
NixenCounty
Beech

MARYLAND

Data 19

02

Month

Day

4 29

Y.

M.

D.

Age

50

Native of

Md

Occupation

Labour

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright's disease

Death

Immediate

Heart failure

How long sick

One week

~~Accident, Suicide, Homicide~~

Reported by

J. S. Whitaker

Address

Cherry Hill Md

Must be signed by physician, if any in attendance, otharwisa by coroner, undertakar or ministar.



Name In Full

Certificate of Death

Wiles Anderson, Colored,

County

Cecil

MARYLAND

Died at

Town

H. En

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 12

Age

18

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Rebecca Johnson

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

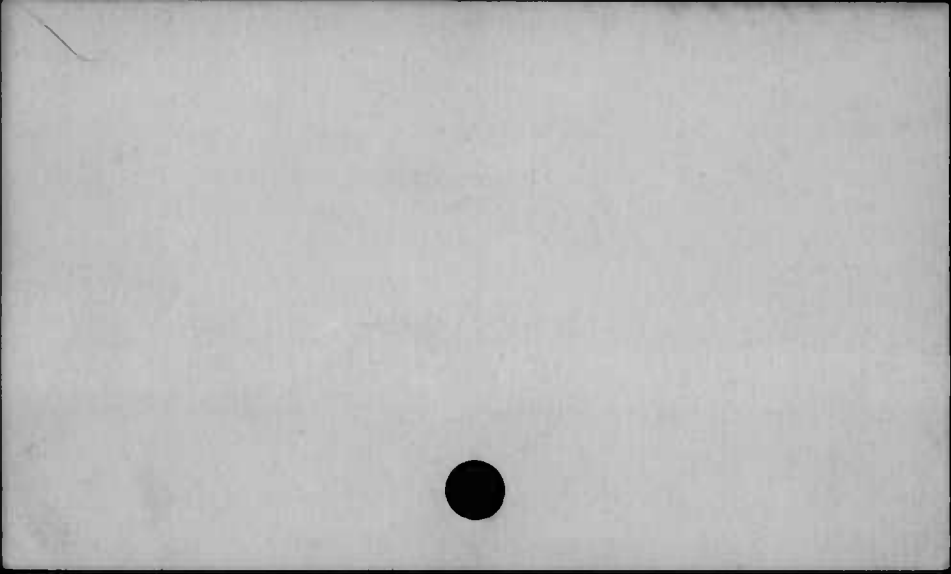
B. H. Hume

Address

H. En

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Randle Barrow

Town

County

Died at Conowingo

Seecil

MARYLAND

Date 1902 Apr 23

Month Day

Y. M. D.

Native of

Occupation

Date 1902 Apr 23

Age 50.6

U.S.

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband of

Wife Rachel Catharine Barrow

Father's

Name

John Barrow

Mother's

Maiden Name

Elizabeth Norris

Cause of

Primary

Cancer of stomach

How long sick

one year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

S. J. Roman

Address

Conowingo Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

S. H. Burroughs

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Apr 21

Age 40

Charles Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

3

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Pneumonia

Tetanus

93

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

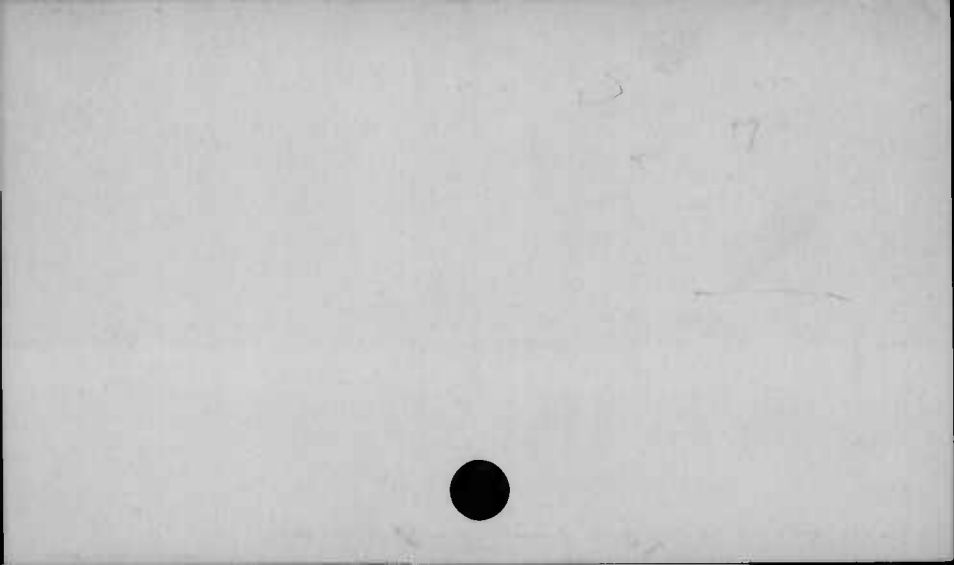
Certificate of Death

Died at *William Purry* Town *Rever* County *Ches* MARYLAND
 Date 19*04* *Apr* *29* Month Day Y. M. D. Age *40* Native of *md* Occupation *Army*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *Five*

Husband of *Mary Rye*
 Wife
 Father's Name *to* Mother's Maiden Name
 Cause of Death { Primary *Pneumonia* Immediate
 How long sick *93* *7 Days*
 Accident, Suicide, Homicide

Reported by *Dr C L Lewis*Address *Murphy - md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Cathron Batterby

Town

County

Died at Ches. City

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

9

Age

6 weeks

ma

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

James Batterby

Mother's

Maiden Name

Annie R. Batterby

Cause of

Primary

How long sick

Death

Immediate

Hooping Cough

Accident, Suicide, Homicide

Reported by

J. E. Mallone M.D.

Chesapeake City

Address

Batterby

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

I did not attend the Child - found it dead upon
reaching the house.

JTW

Re this Cemetery

Castelow

Town

County

Died at

Elkton

Bee

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr

8

Age

-

-

-

Md

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Harry J Castelow

Mother's

Maiden Name

Ella May Walters

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Harry P. Stuchly M.D.

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Appleton
Month Day 1

Lucas

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

April 3
White

Age

70-
Widen

Divorced

Retiring

Male

White

Married

Widener

Divorced

Number of children living

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate:

How long sick

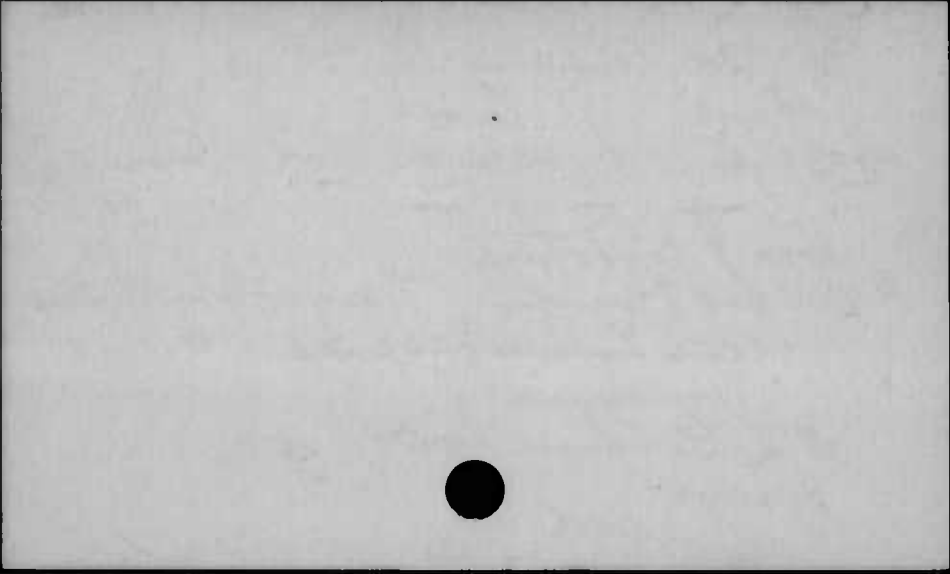
Accident Suicide Homicide

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nattie Gibson brothers

Town

County

Died at

Grove

Lucile

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902 Apr 13th

Age

33 10 13

Md

Housewife

Female

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frances Devalmiger

Died at

MARYLAND

Date 1902

Month Day

4/14

Age

79

Y. M. D.

Native of

Am.

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

7

Husband of

Machan Harris

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Old age

154

How long sick

2 wks.

~~Accident, Suicide, Homicide~~

Reported by

H. Arthur Mitchell M.D.
Elkton Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Daniel Wovis*
 Died at *Cecil Co. Town* *Linne County* *Asylum* *3rd Dist* *MARYLAND*

Date *1912* *Apr* *17* Month Day Y. M. D. Age *31 yrs* Native of *Cecil* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Wife*

Father's Name *John Wovis* Mother's Name

Cause of Death ☒ Primary *Tuber culosis* ☐ Secondary *27* How long sick *4 weeks*
☒ Immediate ☐ Delayed *Assisted Suicide, Homicide*

Reported by *Dr. W. W. Wovis* Address *N. C. Wovis*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

1-5
of _____



Ella L. Garrison

Town

County

MARYLAND

Died at Chesapeake City Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

28

Age

57

Belgium

+

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Edmond L. Garrison

Mother's

Maiden Name

Don't know

Cause of

Primary

Insane according to Dray

How long sick

—

Death

Immediate

Drowning 158

Accident, Suicide, Homicide

Reported by

Wm. K. Kanner M.D.

Address

Chesapeake City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry P. Hinchliffe

Died at ^{Town} Elkton ^{County} Cecil MARYLAND

Date 19 02 April 19 | Age 31 | Y. M. D. | Native of Md | Occupation Physician
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of Estella Jones
 Wife
 Father's Name Joseph Hinchliffe Mother's Name Selena France

Cause of Death { Primary Appendicitis Gangrenosa
 Immediate Septic Peritonitis 118
 How long sick 5 days
 Accident, Suicide, Homicide

Reported by Chas W Ellis M.D.

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Miss Sarah M. Hogg.

Town

County

Died at *Chesapeake City Cecil*

MARYLAND

Date 1902	Month 4	Day 10	Age 66	Y. 2	M. 16	D. 16	Native of Maryland	Occupation
Male	White	Married	Widow	Divorced				<i>Handseamer</i>
Female	Colored	Single	Widow				Number of children living	7

Husband of *X*

Wife

Father's Name *Edwin Thomas* Mother's Name *Caroline Thomas*

Cause of Death { Primary *Heart Lesion* Immediate *Apothymy* } How long sick *1/2 hour*

Reported by *Wm C. Karner*

Address *Chesapeake City, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Andrew Homes

Town

County

MARYLAND

Died at

Hannock

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 27

Age

6

Med

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Inanition

Jane Runner

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

J J Wright MD
Hannock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79996



Name in Full

Certificate of Death

Emma Hughes

2nd District

Died at Bohemia Manor Cecil MARYLAND

Town County

Date 19 02 4 5 Age 26

Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced Housekeeper

Female Colored Single Widower Number of children living 2

Husband of Joseph Hughes

Wife Joseph Hughes

Father's Name Jackson Scott Mother's Maiden Name Adie Scott

Cause of Death { Primary Consumption Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. J. Wallace

Address Delv

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Only saw her 48 hours
before death
Wm

Concord

Name In Full

Certificate of Death

158

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72993

Funeral 4/7 Ebenezer M.E.
Wm Kirkson

Died at

fifth dist William Johnson
Bay View

County

Cecil

MARYLAND

Date 1902

Month

Day

Apr 12

Age

Y.

M.

D.

78

Native of

Cecil

Occupation

Manufacturer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

6

Husband

of

E. J. Gandy

Wife

Father's

Name

John W. Winder

Mother's

Maiden Name

Ann Winder

Cause of

Primary

Heart

How long sick

1 month

Death

Immediate

79

~~Accident, Suicide, Homicide~~

Reported by

B. W. Winder

Address

N. E. W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sallie Mace

Town

County

Died at

Rising sun

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr. 18

Age 92

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Nothing Known of Family

Cause of

Primary

Arterio-sclerosis -

81

How long sick

Death

Immediate

Acute Bronchitis

Accident, Suicide, Homicide

Reported by

John A. Jenness M.D.

Address

Rising sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



S. Eliza Morton
 Died at *Port-Deposit* Town *Cecil* County MARYLAND
 Date 1902 *4* Month *15* Day *75* Y. *-* M. *-* D. *Maryland* Native of *housewife* Occupation
 Male *White* Married *Widow* Divorced *Number of children living*
 Female *Colored* Single *Widower*

Wife of *Leonard Reynolds*
 Wife *Leonard Reynolds*
 Father's Name *Leonard Reynolds* Mother's Maiden Name *—*
 Cause of Death { Primary *Paralysis* Immediate *Exhaustion*
 How long sick *8 days*
 Accident, Suicide, Homicide

Reported by *S. G. Fisher*
 Address *Port Deposit*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Frank Reynolds. 159
 Died at *Near Paper Mill* *Cecie* *6th Dist* MARYLAND

Date 189*2* Month *4* Day *4* Age *73* - - Native of *Cecie* Occupation *Farmer*
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Little Bmick 4/5

Schenkel

County

MARYLAND

Died at

Town
Iron Hill

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

April 24

Age

- - -

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

William Schenkel

Mother's

Maiden Name

Sarah C Spates

Cause of

Primary

Death

Immediate

Still born

How long sick

Accident, Suicide, Homicide

Reported by

C. Henry

Address

Newark DE

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza Scott

Town

County

Died at

Harrowood

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

apr 28

Age

85

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Nelson Scott

Wife

Father's

Name

Not Known

Mother's

Maiden Name

Eliza Pierce

Cause of

Primary

Cancer of Uterus

How long sick

2 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. F. Houghton Md

Address

Harrowood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

160

Died at

Town

County

9th Dist

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4th 10th

Age

15 8 16

MD

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

William J. Linn

Sarah J. Kinsinger

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Pneumonia

93

~~Accident, Suicide, Homicide~~

Reported by

Address

L. A. Richardson MD

Cove

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Smith

Town

County

Died at

Cecilton

Cecil

MARYLAND

Date 1902
 Month 11 Day 21
 Age 0-4-
 Native of Md
 Occupation
 Male White Married Widew Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Tom Cephas

Mother's

Name

Alberta Smith

Cause of

Primary

How long sick

Death

Immediate

Found dead in bed

Accident, Suicide, Homicide

Reported by

Address

Cecilton Md

J H Black
Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

John T. Steele

Town

Near Cherry Hill

County

Cecil

Died at

4th Dist

MARYLAND

Date 1902

Month

4

Day

28

Y.

M.

D.

Age

86

Native of

Pa.

Occupation

Butcher

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Isabella Willis

Wife

Father's

Name

Mother's

Maiden Name

Joseph Steele

Susan Strickland

Cause of

Primary

Paralysis 66

How long sick

7 days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

J. S. Whitaker

Address

Cherry Hill

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

3-2

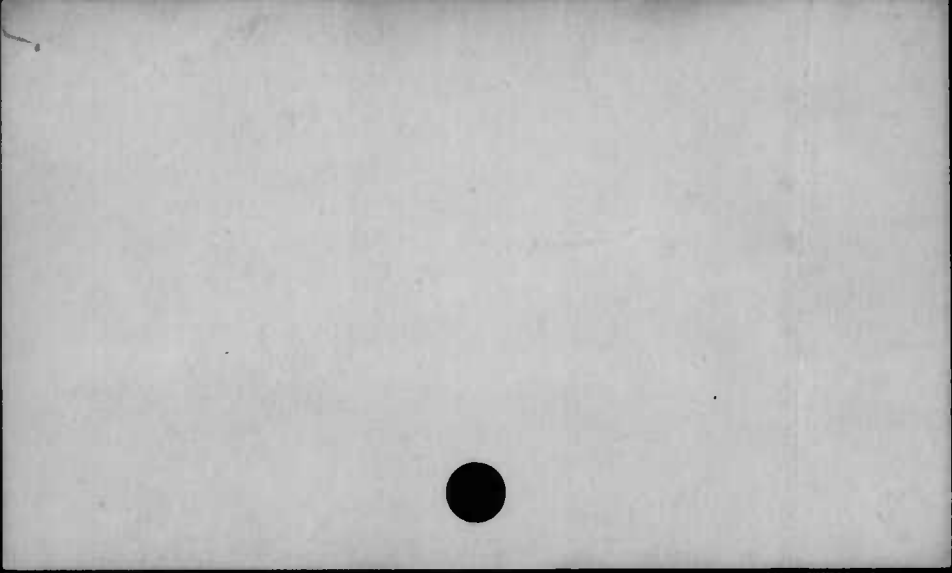
Mrs A. Jozeski

Name in Full *Adam C. Taylor*
 Town *Phedore* County *Cecil fifth district* MARYLAND
 Died at
 Date *1902* *Apr. 29* Month *Apr.* Day *29* Y. *67* M. *Ind.* D. *Ind.* Native of
 Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐
 Number of children living *2*

Husband of *40*
 Wife
 Father's Name *Mark Taylor* Mother's Name *Margaret Coyles*
 Cause of Death { Primary *Cancer of Stomach* Immediate *4 months*
 How long sick
 Accident, Suicide, Homicide

Reported by *Chas. H. Miller, M.D.*
 Address *Zion Cecil Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Not Named

Town

County

MARYLAND

Died at

Rowlandville

Cecil

Month

Day

Y.

M.

P.

Native of

Occupation

Date 1902

Apr 22

Age

10 days

Cecil

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elisha Washington

Mother's

Name

Mary E B Christie

Cause of

Primary

Not Known

How long sick

Not Known

Death

Immediate

Found dead in bed 151

Accident, Suicide, Homicide

Reported by

Ernest Rowland

Address

Liberty-Groves, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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